

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1											51
2											52
3											53
4											54
5											55
6											56
7											57
8											58
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40											90
41											91
42											92
43											93
44											94
45											95
46											96
47											97
48											98
49											99
50											100
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											